

Montana Application for Certification as an OPERATOR of A WATER DISTRIBUTION SYSTEM or A WATER TREATMENT SYSTEM

(in accordance with Sections 37-42-101 through 37-42-322, MCA).

Rev/04/2013

MAIL WITH CORRECT FEES TO:

MT DEQ/WWOC P.O. Box 200901 Helena, MT 59620-0901

Phone: (406) 444-4584

Application Fee - \$70 (Good for one year) Exam Fees per exam:

1A - \$70	1B - \$70	2A3B - \$70
2A - \$70	2B - \$70	3A4B - \$70
3A - \$70	3B - \$70	4AB - \$70
4A - \$70	4B - \$70	5AB - \$70

Please lea	ve blank - l	For office use only	
Operator Status:		OPERATOR NU	MBER
Temporary		Date	
In Training			
Fully Certified			
Application Status:			
Water Application pd:	Emp?_	Rcpt#:	Date:
Water Examination pd:	Emp?_	Rcpt#:	Date:
Reciprocity pd:	Emp?_	Rcpt#:	Date:
Study Materials Sent on:		POC:	

GENERAL INFORMATION:

Applicants can take an exam at one of the scheduled exam sites **OR** by appointment in one of our DEQ offices located in Billings, Helena or Kalispell. To make arrangements, call the Operator Certification Program at (406) 444-4584. Applications, fees, proof of citizenship documentation and examination notices **MUST** be submitted at least <u>30 days</u> before the examination.

NAME:						
I	Last	First	Middle		Birth Date	
HOME ADDRESS:						
	Street or P.O. Box	City	State	Zip	Co	unty
Home Phone	Cell Phone	Business Phone	Business Fax#	Busine	ess E-mail Addre	ess
WATER SYSTEM EM	MPLOYMENT:					
		System Nam	ne	,	Your Supervisor'	s Name
Your Job Title	PWS #	System MA	AILING Address	City	ZIP	County
OPERATOR CERTIFI	CATIONS PRESENTL	Y HELD, IF ANY:		OPERATOR #: _		
MAIL INFORMATIO	N TO: Home	OR Work				
[] BIRTH CERTIFIC. [] PASSPORT	ATE (Government issue	TION: (Please indicate and add) ds are NOT acceptable)				

TYPE AND CLASSIFICATION OF CERTIFICATE(S) APPLIED FOR:

ТҮРЕ	CLASS	(Please leave blank – For office use only – Exam #)
	1 2 3 4 5	
A = Water Distribution System Operator		
B = Water Treatment Plant Operator		

IMPORTANT: The information provided below will be crucial in determining if you will become an operator-in-training or a fully certified operator.

SYSTEM GENERAL EXPERIENCE RECORD:

What year did you enter work in a WATER DISTRIBUTION (WD) SYSTEM?	What year did you enter work in a WATER TREATMENT (WT) SYSTEM?	
Enter number of <u>years</u> Water Distribution experience in:	Enter number of <u>years</u> Water Treatment experience in:	
1. Operation and maintenance:	1. Groundwater source:	
	2. Surface water source:	
	3. Chlorination:	
2. Maintenance:	4. Fluoridation:	
	5. Stabilization:	
	6. Iron or manganese removal:	
3. Other (describe):	7. Lime, lime/soda softening:	
ci calci (accine)	8. Coagulation & sedimentation:	
	9. Filtration:	
	10. Other (describe):	
5. Other (describe):	8. Coagulation & sedimentation: 9. Filtration: 10. Other (describe):	

SYSTEM DETAILED EXPERIENCE RECORD: Please list below your **water distribution and water treatment** work experience in detail. Begin with your present or last employment and continue in reverse time order. If you have held two or more positions for the same plant or different levels of responsibility or with different duties, list and describe them separately the same as though this had been for separate employers. If you need more space, fill out a blank sheet in the same form as that outlined below and attach it to the application.

System Name:	EMPLOYMENT DATES		DETAILED DESCRIPTION OF DUTIES
Owner Name:			(If work was of a supervisory nature, give number supervised)
PWS #	From	То	
Address:			Specific Duties:
Address:	Month and Year	Month and Year	
Phone #			
	Total	employed	
Job Title (Check one)	Years and I		
Superintendent Chief Chemist	Tours and I	aviolitis	Reason for Leaving:
Asst. Supt. Lab Tech.	Hours per week		
Shift Spvr Mechanic	Tiours per week		
Operator Electrician	Full time	Part Time	
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Other: System Name:	EMPLOYMEN	JT DATES	DETAILED DESCRIPTION OF DUTIES
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Owner Name:	From	To	(If work was of a supervisory nature, give number supervised)
PWS #	Tiom	10	Specific Duties:
Address:	Month and Year	Month and Year	Specific Duties.
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Job Title (Check one)	rears and I	Wonths	D f Ii
Superintendent Chief Chemist	TT. 1		Reason for Leaving:
Asst. Supt Lab Tech.	Hours per week		
Shift Spvr. Mechanic	F 11 .	D	
Operator Electrician	Full time	Part Time	
Other:			

From To Address: State: Zip: Month and Year Month and Year Specific Duties:	PWS #	
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Other:	Shift Spvr Mechanic	
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Owner Name: (If work was of a supervisory nature, give number supervisory nature, give		
PWS# From To		
PWS# From To	Owner Name: (If work was of a supervisory nature, give number su	ervised)
	PWS# From To	
Address: Specific Duties:	Address: Specific Duties:	
City State: Zip: Month and Year Month and Year	City State: Zip: Month and Year Month and Year	
Phone #	Phone #	
Total employed	Totalemployed	
Job Title (Check one) Years and Months		
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Asst. Supt. Lab Tech. Hours per week	Superintendent Cite Citetinst Keason for Leaving.	
	Asst. Supt Lab Tech. Hours per week	
	Asst. Supt Lab Tech. Hours per week	
Other:	Asst. Supt. Lab Tech. Hours per week Shift Spvr. Mechanic Full time Part Time Operator Electrician Full time Part Time	
Shift Spvr Mechanic	Asst. Supt. Lab Tech. Hours per week	

EDUCATIONAL REQUIREMENT: All applicants for certification are required to have graduated from high school or hold a G.E.D. Certificate, unless the applicant submits a written application for a special exception from this requirement and the department grants the exception. Contact the certification office to receive a high school diploma waiver form.

Two days of education in post-secondary engineering training or the equivalent may be substituted for each day of experience up to 1/2 of the experience requirement described on the front of this application. This education will not be considered unless the dates of completion and degrees earned are listed.

HIGH SCHOOL DIPLOMA		
	Name and Location	Year Graduated
or G.E.D CERTIFICATE		
	State Where Issued	Date of Issue
or HIGH SCHOOL WAIVER _	(DEQ employee's initials)	(D. (CA))
	(DEQ employee's initials)	(Date of Approval)
COLLEGE OR VO-TECH	Name and Location	Major and Minor Curricula
Degree earned	Date	Quarters or Semesters Completed
OTHER COLLEGE OR VO-TECH	I	
	Name and Location	Major and Minor Curricula
Degree earned	Date	Quarters or Semesters Completed
DO NOT notify my present CERTIFICATE OF APPLICAN applications will be invalidated or return		fore signing. Unsigned and undated
I will always work, to protect the pub- applying my skills in operating water records, following and complying with	lic health, to ensure good service, to pr and wastewater system equipment, by th state and federal rules and regulatio	Using my best judgment and operating skills, otect public property and the environment, by properly and accurately completing required ns, continuing my education in my field, and cies for the public utilities for which I am
	of material facts may result in forfeit	s application submitted for certification is ure of all rights to certification in accordance
SIGNATURE		DATE
Signed before me this	ant's signature) day of,	20
	NOTARY	Y PUBLIC for the State of Montana

Residing at , Montana

My commission expires:

(SEAL)